

MO 780-1164 (8-88)

CONTINUE ON REVERSE

	<b>#</b> 2.		1100	OUE	חום	EDA	DT	T	IT (	OF	FAIA	LID	AL R	ECC	N I D	CEC			_ 1	*	T	No.	CS SAN			1	0	14.	2		
																	E (	CI		Į a		)	13			7	7	C	グ		
1		/ N	101	IFI	CA.	TIO	N (	OF	HA	\Z/	\RI	001	US Y	WA	STE	A	CTI	VIT	1		1093	5				0					
SE	NE	T	0	MIS P.O	SOI. BC	URI OX 1	DEP 76, J	AR	ER	SO	OF N CI	NA TY,	MO	AL R 6510	ESO 2	URE	ES,	WĄS	₹E I	MAN	AGE	MEN	RAR	ROG	RAN	1 -					
FOR	OFF	ICIA	L US	E O	NLY													,A100	3115	WAS	DTI	ENT	c.				E.	- l .			
		_				T	_	1		_			Г—	1	COM	MEN	<b>3F</b>	1.350	UR!	DEF		110°	5	10	3 .	lu11	-4	1	101	17 -	1
CC																	.,	NA	だいが							1111	1	1.11	" -	1 -	- 1
			1	NSTA	LLA	TIOI	N'S E	PA I	DN	UMI	BER					API	PRO	VED	Y	DA R.	TE RI	CEI		AY	5	TI	10	///	5.	a.K	TV
C F	M	0	5	9	5	5	7	1/6	2	2	2	2	10	T/A	C 1	Ī			Г						11.7	iiu i	i-L	51	10	158	
1. NA	ME	OF II	VST/	LLA	TIO	N			/ 19	4								1			_		_					7			
M	1	5	5	0	U	R	1		1	H	1	5	T	0	R	1	C	A	L		5	0	C	1	E	T	Y				
II. IN	STAI	LLAT	ION	MAI	LING	3 A D	DRE	SS							annual de																
_				_	_	_	_		_				STRE	ET (	OR P	.O. B	OX I	MUM	BER		1		_				_	1			
3	P.	0.		B	0	X		11		1	9	4	0						7												
								_	_	(	CITY	OR	TOW	/N											STA	ATE		ZI	PCC	DE	
C 4	5	T		L	0	V	1	4	>																M	0	6	3	1	1	2
III. LO	OCA.	TION	OF	INST	ALL	ATI	ON				DAME			TOE	CT A	ND.		DED									_	V			
С	-	Less				1.2	T	1_	. T			,	1	IHE	Γ.,	I day	T_	BER			1,		7	Г			T	T	Г		
5	2	2	5		5	0	V	1	1	It		5	K	1	N	K	E	K		B	1	V	V								
С		_			Γ.	Τ	Τ.	Т.		-	YTIC	OR	TOW	/N		г —	Т	Т		1				î	STA	ATE	+	T	P CO	DE	
6	5	T		1	0	V	1	1	기											-				3	M	0	6	3	1	1	2
IV. IN	STA	LLA	TION	SACREMENTS.	MARKET STATES	MUNICIPALITY	NID 7	CITI	= //	40	F E1	DOT	, AND	10	D T17	FI E)					_	_		Tr	1.50	LION	E All	IMP	-		
С	1	_	N.		TAN	T.,	Ta	T	= (L			,	AINL		,	LE)		Ī	0	N	A	-		16	LEP	HON	EN	JMBI	EH	,	7
2	L	0	N	U	1	0	K	- 1			N	1	C	0	1	A		1410	Ro	R	17	3	1	14	t	4	6	14	15	14	5
V. OV	VNE	RSH	P	-		A. N	AME	OF	INS	ATA	LA	TION	I'S LE	EGAL	OW	NER				-	-	_	В	TYPE	OF (	OWN	FRS	HIP (	ENTE	B CC	DE
С	N	,	5	5	0	Т		1	, T		41	1	5	7	2	D	7	1	1	1	T		-			TATE ZIP CODE  D 6 3 1 1 2  PHONE NUMBER  - 4 6 4 5 4 3  OWNERSHIP (ENTER CODE)					
R	J'I	05.5							V//-	V /8	//	/			0	$\triangle$		- F.DO	77	<u> </u>				LIOT	/		_				
IV. T	TPE	OF H	1000	CONTRACTOR NO.		Anticipation (C	JS W	A PROPERTY OF	CHARLEST AND	THE REAL PROPERTY.	Market Brooks and	POST INCHES	" IN	HE	APPI	ROPE	TAI	E BO	XES.			AND SHOP OF THE PERSON	ASSESSED FOR STREET	STATE OF THE OWNER, WHEN	22000	organia and	ES	_		-	_
☐ 1a.	GEN	ERAT	OR								1b. Ll	ESS T	THAN	1,000	KG./N	10.		6. 0	FF-SI					OIL FU							
		SPO		ER/D	ICDO	CED				arry	,		Н	/-	- 1	. ,	-							below)		ıco					
				) INJE					A	N .	105	5 7	han	7 10	OK	9/10	ra	=		HER		MARR	EIIN	IG 10	BUHN		CD.				mů.
□ 5.											er 'X'	& mar	к вррг	opriate	boxes	s below		-		RNEF				1100				1			
☐ A. GENERATOR MARKETING TO BURNER☐ C. BURN									-	7. SPECIFICATION WHO FIRST CLA																					
VIII V	ne manufactural di						·	OF (		1011	071	211 5	- F1/1/						.,							53	0263		1111 (1918)		
VII. V		M10 900	-							2000			-		ustic	on de	evice	e(s) i	n wi	hich	haza	araoi	us w	aste	tuei	or	O11-1	SUELI	III.a.	UII 4	
oil fu	el is	burr	ed.	See i	instr				defii	nitic	ons d	of co	ombu	stio	n de	/ices		1-7													
VIII.				DILE	-	TAT	ION	/TP					ISTR				TH	EAD	POI	DDIA	_		ALC: UNKNOWN	TRIA	L FL	JRNA	ACE			_	
	-		1111	11131	_	B. R.		Tin		310			ligh		District Annual Property of the Parket	X III	Г	_	-	TER		OALE	.э <i>г</i>	7 -	OTL	JED	/CD	ECIE	- VI		_
		-	CILID	CEC				10.1	TIC	N'	_ (	U. F	iiGH	WAI			L.,	J D.	VVA	IEK				J C.	UIF	ICH	(SPI		")		
IX. FI	College College	all to Allies	September 1	The same	No. of Concession, Name of Street, or other	THE PERSON NAMED IN	A-03 10 10		NAME OF STREET	0.000	his i	s you	ur ins	tallati	on's	first r	notific	cation	of h	azard	ous v	vaste	activ	ity or	a su	bsequ	uent	notific	cation	. If th	nis is
not yo																					-										
□ A	. FIR	ST N	OTIFI	CATI	ON			] B.	SU	BSE	QUE	NT N	OTIF	CAT	ON (	СОМ	PLET	E ITE	M C)										-1		

EPA 8700-12/MDNR HWG-1

X. DESCRIPTION 09-NAZARDOUS WASTE  A. Wastes from Nonspecific Sources (F-List). Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Below each number, enter the monthly generation amount in pounds and frequency code A. B, or C.  WASTE I.D. NO.  B. Wastes from Specific Sources (K-List). Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific source your installation handles. Below each number, enter the monthly generation amount in pounds and frequency code A. B, or C.  WASTE I.D. NO.  WASTE I.D. NO.  B. Wastes from Specific Sources (K-List). Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific source waste. The monthly generation amount in pounds and frequency code A. B, or C.  Commercial Chemical Product Wastes (W and P List). Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles. Below each number, enter the monthly generation amount in pounds and frequency code A. B, or C.  WASTE I.D. NO.  AMOUNT AND FREQUENCY  B. (Reserved)  E. Characteristics of Nonlisted Hazardous Wastes. Mark an 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Part 261.32 for each chemical substance your installation handles. (See 40 CFR Part 261.21 - 261.29 Below each box that you check, enter the monthly generation amount expressed in pounds and generation frequency.  AMOUNT AND FREQUENCY  J. (SOURCE)  AMOUNT AND FREQUENCY  J. (SOURCE)  A. TOXICE for the four-digit number which identifies each characteristic toxic waste. Below each number, enter the monthly generation amount and frequency.  AMOUNT AND FREQUENCY  J. (SOURCE)  A. TOXICE for the four-digit number which identifies each characteristic toxic waste. Below each number, enter the monthly generation amount and frequency.  AMOUNT AND FREQUENCY  J. (SOURCE)  J. (SOURCE)  J. (SOURCE)  J. (S					1								1	-4									
WESCRIPTION 0-MAZARDOUS WASTE     Wastes from Ronspecific Sources (F-List). Enter the four-digit number from 40 CFR Part 281.31 for each listed hazardous waste from nonspecific sources your installation handles. Solve each number, enter monthly generation amount in pounds and frequency code A, B, or C.  WASTE I.D. NO.													D - FO	ROF	FICI	AL US	SE OF	NLY					
DESCRIPTION 0-MAZARDOUS WASTE  Wastes from Nonspecific Sources (F-Lat). Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Sources (P-Lat). Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from nonspecific sources (K-Lat). Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources (K-Lat). Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific source for the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific source for the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific source for the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific source for the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific source for the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific source for the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific source for four fou																				T//	A C		
L Wastes from Nonspecific Sources (F-List). Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspeciation amount in pounds and frequency code A, B, or C.  WASTE I.D. NO. FOOD 5 FOOD 3 Ibbs. A Ibbs. I									■ v	ī											1		
WASTE I.D. NO.  MAGUNT AND FROURED IDS.  MASTER ID. NO.  MASTE	. DESCRIPTION	05JH	ZARDOL	JS WAS	TE			The same of			- Andrewson	-											
WASTE I.D. NO.  AMOUNT AND FREQUENCY  Solibs.  AMOUNT AND FREQUENCY  Solibs.  AMOUNT AND FREQUENCY  WASTE I.D. NO.  AMOUNT AND FREQUENCY  Ibs.	A. Wastes from Nons	pecific	Sources (	F-List).	Enter t	he four	-digit ı	number	from 4	O CF	R Par	261.3	1 for ea	ach li	sted	hazar	dous	waste	from	nonsp	ecifi		
AMOUNT AND Solbs. H Solbs. H Ibs. Ibs. Ibs. Ibs. Ibs. Ibs. Ibs. Ibs.	sources your install	lation h	andles. Bel	low each	numb	er, ente	r month	hly gen	eration	amou	int in p	ounds	and fred	quenc	y coc	le A, E	a, or C	).					
AMOUNT AND Solbs. H Solbs. H Ibs. Ibs. Ibs. Ibs. Ibs. Ibs. Ibs. Ibs.	AND A PART OF THE			T	T	T			_		T		T		1	T			Ι	T			
AMOUNT AND Solbs. H Solbs. H Ibs. Ibs. Ibs. Ibs. Ibs. Ibs. Ibs. Ibs.	WASTE I.D. NO.	F	00	5		1	0	0	3														
B. Wastes from Specific Sources (K-List). Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific source your installation handles. Below each number, enter the monthly generation amount in pounds and frequency code A, B, or C.  WASTE I.D. NO.  AMOUNT AND FREQUENCY Ibs. Ibs. Ibs. Ibs. Ibs. Ibs. Ibs. Ibs.	4440UNT 4ND	$\perp$	0 10	1	-	4				1 [	-	1		NAME OF	7	1				1	47		
3. Wastes from Specific Sources (K-List). Enter the four-digit number from 40 CFR Part 281.32 for each listed hazardous waste from specific source your installation handles. Below each number, enter the monthly generation amount in pounds and frequency code A, B, or C.  WASTE LID. NO.  AMOUNT AND FREQUENCY   Ibs.   Ibs.   Ibs.   Ibs.   Ibs.   Ibs.   Ibs.    C. Commercial Chemical Product Weates (W and P Lists). Enter the four-digit number from 40 CFR Part 281.33 for each chemical substance your installation hand which may be hazardous waste. Below each number, enter the monthly generation amount in pounds and frequency code A, B, or C.  WASTE LID. NO.  AMOUNT AND FREQUENCY   Ibs.   Ibs.   Ibs.   Ibs.   Ibs.    D. (Reserved)   Ibs.   Ibs.   Ibs.   Ibs.   Ibs.   Ibs.   Ibs.    AMOUNT AND FREQUENCY   Ibs.   Ibs.   Ibs.   Ibs.   Ibs.   Ibs.   Ibs.   Ibs.    MISSOURI REQUIRED INFORMATION   Ibs.			50.	A	-		5	1.	1				15-						16.4				
WASTE I.D. NO.  AMOUNT AND FREQUENCY  Ibs.  Ibs.	FREQUENCY		_ 1b	S. 37				IDS.	17	l L		_	IDS.						IDS.		-		
WASTE I.D. NO.  AMOUNT AND FREQUENCY  Ibs.  Ibs.													and the stands				1.100.00						
WASTE I.D. NO.  AMOUNT AND FREQUENCY   Ibs.   Ibs.						100												e fron	n spec	ific so	urce		
AMOUNT AND FREQUENCY  C. Commercial Chemical Product Wastes (W and P Lists). Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation hand which may be hazardous waste. Below each number, enter the monthly generation amount in pounds and frequency code A, B, or C.  WASTE LD. NO.  AMOUNT AND FREQUENCY  D. (Reserved)  E. Characteristics of Nonlisted Hazardous Wastes. Mark an 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24) Below each box that you check, enter the monthly generation amount expressed in pounds and generation frequences.  AMOUNT AND FREQUENCY  1. IGNITABLE (D001)  50 lbs. P. 2. CORROSIVE (D002)  4. TOXIC Enter the four-digit number which identifies each characteristic toxic waste. Below each number, enter the monthly generation amount and frequency.  AMOUNT AND FREQUENCY  AMOUNT AND FREQUENCY  1. A. TOXIC Enter the four-digit number which identifies each characteristic toxic waste. Below each number, enter the monthly generation amount and frequency.  MISSOURI GENERATOR ID NUMBER (IF PREVIOUSLY ASSIGNED)  PRINCIPAL BUSINESS ACTIVITY  S.I.C. CODE (LEAVE BLANK IF UNCERTAIN)  CHECK THIS BOX IF YOU GENERATE/ACCUMULATE LESS THAN A REPORTABLE QUANTITY  XI. CERTIFICATION  Icertify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attact documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submittinformation is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, includition from the possibility of fine and imprisonment.	your installation na	naies. E	selow each	number	, enter	the moi	ntniy g	enerati	on amou	unt in	pound	s and	requen	cy co	de A,	B, 01	U		т	т	_		
C. Commercial Chemical Product Wastes (W and P Lists). Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation hand which may be hazardous waste. Below each number, enter the monthly generation amount in pounds and frequency code A, B, or C.  WASTE I.D. NO.  AMOUNT AND PREQUENCY  Ibs.  I	WASTE I.D. NO.			1																	7		
C. Commercial Chemical Product Wastes (W and P Lists). Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation hand which may be hazardous waste. Below each number, enter the monthly generation amount in pounds and frequency code A, B, or C.  WASTE I.D. NO.  AMOUNT AND FREQUENCY  D. (Reserved)  E. Characteristics of Nonlisted Hazardous Wastes. Mark an 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24) Below each box that you check, enter the monthly generation amount expressed in pounds and generation frequences A, B, or C.  AMOUNT AND FREQUENCY  1. IGNITABLE (D0001)  4. TOXIC Enter the four-digit number which identifies each characteristic toxic waste. Below each number, enter the monthly generation amount and frequency.  AMOUNT AND FREQUENCY  1. IGNITABLE (D0001)  4. TOXIC Enter the four-digit number which identifies each characteristic toxic waste. Below each number, enter the monthly generation amount and frequency.  MISSOURI REQUIRED INFORMATION  MISSOURI GENERATOR ID NUMBER (IF PREVIOUSLY ASSIGNED)  PRINCIPAL BUSINESS ACTIVITY  S.I.C. CODE (LEAVE BLANK IF UNCERTAIN)  CHECK THIS BOX IF YOU GENERATE/ACCUMULATE LESS THAN A REPORTABLE QUANTITY  XI. CERTIFICATION  Lertify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attach documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submitt information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, includition from the possibility of fine and imprisonment.					Ц,					, ,				_		ᆚ					1		
C. Commercial Chemical Product Wastes (W and P Lists), Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation hand which may be hazardous waste. Below each number, enter the monthly generation amount in pounds and frequency code A, B, or C.  WASTE I.D. NO.  AMOUNT AND FREQUENCY lbs. lbs. lbs. lbs. lbs. lbs. lbs. lbs.	AMOUNT AND																			1			
which may be hazardous waste. Below each number, enter the monthly generation amount in pounds and frequency code A, B, or C.  WASTE I.D. NO.  AMOUNT AND FREQUENCY  D. (Reserved)  E. Characteristics of Nonlisted Hazardous Wastes. Mark an 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 281.21 - 281.24) Below each box that you check, enter the monthly generation amount expressed in pounds and generation frequence oce A, B, or C.  AMOUNT AND FREQUENCY  J. IGNITABLE (D001)  4. TOXIC Enter the four-digit number which identifies each characteristic toxic waste. Below each number, enter the monthly generation amount and frequency.  MISSOURI REQUIRED INFORMATION  MISSOURI GENERATOR ID NUMBER (IF PREVIOUSLY ASSIGNED)  PRINCIPAL BUSINESS ACTIVITY  S.I.C. CODE (LEAVE BLANK IF UNCERTAIN)  CHECK THIS BOX IF YOU GENERATE/ACCUMULATE LESS THAN A REPORTABLE QUANTITY  XI. CERTIFICATION  Le certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attach documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submitt information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, includite possibility of fine and imprisonment.	FREQUENCY		Ibs	S.	_ [			lbs.		JL			lbs.						lbs.	1			
WASTE I.D. NO.  AMOUNT AND FREQUENCY  B. Characteristics of Nonlisted Hazardous Wastes. Mark an 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installating handles. (See 40 CFR Parts 261.21 - 261.24) Below each box that you check, enter the monthly generation amount expressed in pounds and generation frequence ode A, B, or C.  AMOUNT AND X 1. IGNITABLE (D001)  FREQUENCY  4. TOXIC Enter the four-digit number which identifies each characteristic toxic waste. Below each number, enter the monthly generation amount and frequency.  AMOUNT AND SOURI REQUIRED INFORMATION  MISSOURI GENERATOR ID NUMBER (IF PREVIOUSLY ASSIGNED)  PRINCIPAL BUSINESS ACTIVITY  S.I.C. CODE (LEAVE BLANK IF UNCERTAIN)  CHECK THIS BOX IF YOU GENERATE/ACCUMULATE LESS THAN A REPORTABLE QUANTITY  XI. CERTIFICATION  Lertify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attach documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submitt information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, includite the possibility of fine and imprisonment.					:					ath 924			1-1-1-1										
WASTE I.D. NO.  AMOUNT AND FREQUENCY    Ibs.   Ibs.	C. Commercial Chemic	al Produ	uct Wastes	(W and P	Lists).	Enter th	e four-	digit nu	mber fro	m 40	CFR P	art 261.	33 for e	ach cl	nemic	al sub	stance	your	installa	tion h	andle		
AMOUNT AND FREQUENCY   lbs.	which may be hazard	dous was	ste. Below 6	ach num	ber, en	ter the m	nonthly	genera	ion amo	unt ir	pound	s and f	requenc	y cod	e A, B	or C.	-			50			
AMOUNT AND FREQUENCY    Ibs.	WASTELD NO																						
D. (Reserved)  E. Characteristics of Nonlisted Hazardous Wastes. Mark an 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24) Below each box that you check, enter the monthly generation amount expressed in pounds and generation frequenced e. B, or C.  AMOUNT AND	WASTE I.D. NO.					1			1												1		
D. (Reserved)  E. Characteristics of Nonlisted Hazardous Wastes. Mark an 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24) Below each box that you check, enter the monthly generation amount expressed in pounds and generation frequence code A, B, or C.  AMOUNT AND SOURLY (D002)  4. TOXIC Enter the four-digit number which identifies each characteristic toxic waste. Below each number, enter the monthly generation amount and frequency.  AMOUNT AND FREQUENCY  Ibs.  MISSOURI REQUIRED INFORMATION  MISSOURI GENERATOR ID NUMBER (IF PREVIOUSLY ASSIGNED)  PRINCIPAL BUSINESS ACTIVITY  S.I.C. CODE (LEAVE BLANK IF UNCERTAIN)  I CERTIFICATION  I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attach documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submittinformation is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, includit the possibility of fine and imprisonment.	AMOUNT AND						1			7									***************************************				
E. Characteristics of Nonlisted Hazardous Wastes. Mark an 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 281.21 - 261.24) Below each box that you check, enter the monthly generation amount expressed in pounds and generation frequence code A, B, or C.  AMOUNT AND   1. IGNITABLE (D001)   2. CORROSIVE (D002)   3. REACTIVE (D003)   1. IGNITABLE (D001)   3. REACTIVE (D002)   3. REACTIVE (D002)   3. REACTIVE (D003)   3. REACTIVE (D00	FREQUENCY		Ib	s.				lbs.					lbs.						lbs.				
E. Characteristics of Nonlisted Hazardous Wastes. Mark an 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 281.21 - 261.24) Below each box that you check, enter the monthly generation amount expressed in pounds and generation frequence code A, B, or C.  AMOUNT AND   1. IGNITABLE (D001)   2. CORROSIVE (D002)   3. REACTIVE (D003)   1. IGNITABLE (D001)   3. REACTIVE (D002)   3. REACTIVE (D002)   3. REACTIVE (D003)   3. REACTIVE (D00	-															_				- Annual Laur			
E. Characteristics of Nonlisted Hazardous Wastes. Mark an 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 281.21 - 261.24) Below each box that you check, enter the monthly generation amount expressed in pounds and generation frequence ode A, B, or C.  AMOUNT AND   1. IGNITABLE (D001)   2. CORROSIVE (D002)   3. REACTIVE (D003)   1bs.   1bs.	D (D																						
handles. (See 40 CFR Parts 261.21 - 261.24) Below each box that you check, enter the monthly generation amount expressed in pounds and generation frequence ode A, B, or C.  AMOUNT AND FREQUENCY  4. TOXIC Enter the four-digit number which identifies each characteristic toxic waste. Below each number, enter the monthly generation amount and frequency.  AMOUNT AND FREQUENCY  1bs.  MISSOURI REQUIRED INFORMATION  MISSOURI GENERATOR ID NUMBER (IF PREVIOUSLY ASSIGNED)  PRINCIPAL BUSINESS ACTIVITY  S.I.C. CODE (LEAVE BLANK IF UNCERTAIN)  CHECK THIS BOX IF YOU GENERATE/ACCUMULATE LESS THAN A REPORTABLE QUANTITY  XI. CERTIFICATION  I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attach documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submittinformation is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, includit the possibility of fine and imprisonment.	D. (Reserved)																						
handles. (See 40 CFR Parts 261.21 - 261.24) Below each box that you check, enter the monthly generation amount expressed in pounds and generation frequence code A, B, or C.  AMOUNT AND FREQUENCY  4. TOXIC Enter the four-digit number which identifies each characteristic toxic waste. Below each number, enter the monthly generation amount and frequency.  AMOUNT AND FREQUENCY  1bs.  MISSOURI REQUIRED INFORMATION  MISSOURI GENERATOR ID NUMBER (IF PREVIOUSLY ASSIGNED)  PRINCIPAL BUSINESS ACTIVITY  S.I.C. CODE (LEAVE BLANK IF UNCERTAIN)  CHECK THIS BOX IF YOU GENERATE/ACCUMULATE LESS THAN A REPORTABLE QUANTITY  XI. CERTIFICATION  I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attach documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submitt information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, includit the possibility of fine and imprisonment.	E. Characteristics of N	lonlisted	Hazardour	s Wastes	Mark	an 'X' i	the b	oxes co	orrespon	dina	to the	charac	teristics	of no	nliste	d haz	ardous	s wast	es vou	r insta	allatio		
AMOUNT AND FREQUENCY  But the four-digit number which identifies each characteristic toxic waste. Below each number, enter the monthly generation amount and frequency.  MISSOURI REQUIRED INFORMATION  MISSOURI GENERATOR ID NUMBER (IF PREVIOUSLY ASSIGNED)  PRINCIPAL BUSINESS ACTIVITY  S.I.C. CODE (LEAVE BLANK IF UNCERTAIN)  CHECK THIS BOX IF YOU GENERATE/ACCUMULATE LESS THAN A REPORTABLE QUANTITY  XI. CERTIFICATION  I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attach documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submittinformation is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, includit the possibility of fine and imprisonment.									and the second														
AMOUNT AND FREQUENCY  4. TOXIC Enter the four-digit number which identifies each characteristic toxic waste. Below each number, enter the monthly generation amount and frequency.  AMOUNT AND FREQUENCY  Ibs.  Ibs.  Ibs.  Ibs.  MISSOURI REQUIRED INFORMATION  MISSOURI GENERATOR ID NUMBER (IF PREVIOUSLY ASSIGNED)  PRINCIPAL BUSINESS ACTIVITY  S.I.C. CODE (LEAVE BLANK IF UNCERTAIN)  CHECK THIS BOX IF YOU GENERATE/ACCUMULATE LESS THAN A REPORTABLE QUANTITY  XI. CERTIFICATION  I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attach documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submittinformation is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, includit the possibility of fine and imprisonment.																G 11112.							
AMOUNT AND FREQUENCY  4. TOXIC Enter the four-digit number which identifies each characteristic toxic waste. Below each number, enter the monthly generation amount and frequency.  AMOUNT AND FREQUENCY  Ibs.  Ibs.  Ibs.  Ibs.  MISSOURI REQUIRED INFORMATION  MISSOURI GENERATOR ID NUMBER (IF PREVIOUSLY ASSIGNED)  PRINCIPAL BUSINESS ACTIVITY  S.I.C. CODE (LEAVE BLANK IF UNCERTAIN)  CHECK THIS BOX IF YOU GENERATE/ACCUMULATE LESS THAN A REPORTABLE QUANTITY  XI. CERTIFICATION  I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attach documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submittinformation is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, includit the possibility of fine and imprisonment.			1 IGN	ITARIE		2						CORROSIVE						3 REACTIVE					
AMOUNT AND FREQUENCY  AMOUNT AND FREQUENCY  Ibs.  AMOUNT AND FREQUENCY  Ibs.  Ibs. Ibs.	AMOUNT AND	$\times$	X				X   *																
AMOUNT AND FREQUENCY  Ibs.  MISSOURI REQUIRED INFORMATION  MISSOURI GENERATOR ID NUMBER (IF PREVIOUSLY ASSIGNED)  PRINCIPAL BUSINESS ACTIVITY  S.I.C. CODE (LEAVE BLANK IF UNCERTAIN)  CHECK THIS BOX IF YOU GENERATE/ACCUMULATE LESS THAN A REPORTABLE QUANTITY  XI. CERTIFICATION  I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attach documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submitt information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, includit the possibility of fine and imprisonment.				T					-									(2000)					
4. TOXIC Enter the four-digit number which identifies each characteristic toxic waste. Below each number, enter the monthly generation amount and frequency.  AMOUNT AND   Ibs.	PREGOENCI		50	Ibs 2	4						50	bs.	1						1	bs.			
The monthly generation amount and frequency.    AMOUNT AND	L									-													
AMOUNT AND FREQUENCY  Ibs.  Ib																							
AMOUNT AND FREQUENCY  Ibs.  Ib			4. TOXIC	Enter th	e four	-digit n	umber	which	identifie	es ea	ch cha	racteri	stic tox	ic wa	ste. E	Below	each	numb	er, en	ter			
MISSOURI REQUIRED INFORMATION  MISSOURI GENERATOR ID NUMBER (IF PREVIOUSLY ASSIGNED)  PRINCIPAL BUSINESS ACTIVITY  S.I.C. CODE (LEAVE BLANK IF UNCERTAIN)  CHECK THIS BOX IF YOU GENERATE/ACCUMULATE LESS THAN A REPORTABLE QUANTITY  XI. CERTIFICATION  I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attach documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submitt information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, includit the possibility of fine and imprisonment.																							
MISSOURI REQUIRED INFORMATION  MISSOURI GENERATOR ID NUMBER (IF PREVIOUSLY ASSIGNED)  PRINCIPAL BUSINESS ACTIVITY  S.I.C. CODE (LEAVE BLANK IF UNCERTAIN)  CHECK THIS BOX IF YOU GENERATE/ACCUMULATE LESS THAN A REPORTABLE QUANTITY  XI. CERTIFICATION  I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attach documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submitt information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, includit the possibility of fine and imprisonment.							1	_				Т	1			Г			Т	1			
MISSOURI REQUIRED INFORMATION  MISSOURI GENERATOR ID NUMBER (IF PREVIOUSLY ASSIGNED)  PRINCIPAL BUSINESS ACTIVITY  S.I.C. CODE (LEAVE BLANK IF UNCERTAIN)  CHECK THIS BOX IF YOU GENERATE/ACCUMULATE LESS THAN A REPORTABLE QUANTITY  XI. CERTIFICATION  I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attach documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submitt information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, includit the possibility of fine and imprisonment.	AMOUNT AND										1		1										
MISSOURI REQUIRED INFORMATION  MISSOURI GENERATOR ID NUMBER (IF PREVIOUSLY ASSIGNED)  PRINCIPAL BUSINESS ACTIVITY  S.I.C. CODE (LEAVE BLANK IF UNCERTAIN)  CHECK THIS BOX IF YOU GENERATE/ACCUMULATE LESS THAN A REPORTABLE QUANTITY  XI. CERTIFICATION  I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attach documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submitt information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, includit the possibility of fine and imprisonment.				_	Ц,					7 [		_		_	_	1				-	$\perp$		
MISSOURI REQUIRED INFORMATION  MISSOURI GENERATOR ID NUMBER (IF PREVIOUSLY ASSIGNED)  PRINCIPAL BUSINESS ACTIVITY  S.I.C. CODE (LEAVE BLANK IF UNCERTAIN)  CHECK THIS BOX IF YOU GENERATE/ACCUMULATE LESS THAN A REPORTABLE QUANTITY  XI. CERTIFICATION  I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attach documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submitt information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, includit the possibility of fine and imprisonment.	PREQUENCY			06.0						1 1									11-		- 1		
MISSOURI GENERATOR ID NUMBER (IF PREVIOUSLY ASSIGNED)  PRINCIPAL BUSINESS ACTIVITY  S.I.C. CODE (LEAVE BLANK IF UNCERTAIN)  CHECK THIS BOX IF YOU GENERATE/ACCUMULATE LESS THAN A REPORTABLE QUANTITY  XI. CERTIFICATION  I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attach documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submitt information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, includit the possibility of fine and imprisonment.	L		IDS	5.				IDS.					IDS.						IDS.				
MISSOURI GENERATOR ID NUMBER (IF PREVIOUSLY ASSIGNED)  PRINCIPAL BUSINESS ACTIVITY  S.I.C. CODE (LEAVE BLANK IF UNCERTAIN)  CHECK THIS BOX IF YOU GENERATE/ACCUMULATE LESS THAN A REPORTABLE QUANTITY  XI. CERTIFICATION  I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attach documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, includit the possibility of fine and imprisonment.		- 12		10	B.A.	ISSOI	IDI D	EOII	DED	INE	ORM	ATIO	N										
S.I.C. CODE (LEAVE BLANK IF UNCERTAIN)  CHECK THIS BOX IF YOU GENERATE/ACCUMULATE LESS THAN A REPORTABLE QUANTITY  XI. CERTIFICATION  I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attach documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submitt information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, includithe possibility of fine and imprisonment.					IAI	13300	in n	LUO	NED	1141	OTTIM	A110			-		-	_					
PRINCIPAL BUSINESS ACTIVITY  S.I.C. CODE (LEAVE BLANK IF UNCERTAIN)  CHECK THIS BOX IF YOU GENERATE/ACCUMULATE LESS THAN A REPORTABLE QUANTITY  XI. CERTIFICATION  I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attach documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submitt information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, includithe possibility of fine and imprisonment.	MISSOURI GENE	RATO	RIDNUN	MBER (	IF PR	EVIOU	SLY	ASSIG	NED)														
S.I.C. CODE (LEAVE BLANK IF UNCERTAIN)  CHECK THIS BOX IF YOU GENERATE/ACCUMULATE LESS THAN A REPORTABLE QUANTITY  XI. CERTIFICATION  I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attach documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submitt information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, includithe possibility of fine and imprisonment.	40 -			7.5																			
S.I.C. CODE (LEAVE BLANK IF UNCERTAIN)  CHECK THIS BOX IF YOU GENERATE/ACCUMULATE LESS THAN A REPORTABLE QUANTITY  XI. CERTIFICATION  I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attach documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submitt information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, includit the possibility of fine and imprisonment.	PRINCIPAL BUSI	NESS	ACTIVIT	Y					1000									1					
CHECK THIS BOX IF YOU GENERATE/ACCUMULATE LESS THAN A REPORTABLE QUANTITY  XI. CERTIFICATION  I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attach documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submitt information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, includithe possibility of fine and imprisonment.				1000																			
CHECK THIS BOX IF YOU GENERATE/ACCUMULATE LESS THAN A REPORTABLE QUANTITY  XI. CERTIFICATION  I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attach documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submitt information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, includit the possibility of fine and imprisonment.	SIC CODE (LEA	VF BI	ANK IF I	INCER	TAIN	1				T		1											
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attach documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submitt information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, includithe possibility of fine and imprisonment.	OO. OODE (EEA	VL DL	ANTO	MOLIT	LAIN	,					1					•	23.						
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attach documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submitt information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, includithe possibility of fine and imprisonment.	CHECK THIS BOY	V IE V	OLI GENE	DATE	14001	I I A I II	ATEL	ECCT	LIANI	A DC	DOD:	FADI	- 0114	NITI	rv								
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attach documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submitt information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, includithe possibility of fine and imprisonment.	CHECK THIS BOX	VIL IC	JU GENE	ENATE/	ACCI	UNIUL	AIEL	E35 I	HAIN A	4 ME	PUH	ADL	E QUA	MII	1 1		Ц		-		-		
documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submitt information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, includi the possibility of fine and imprisonment.	XI. CERTIFICAT	ION							-04												-20		
documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submitt information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, includi the possibility of fine and imprisonment.	L certify under ner	alty of	f law that	I have	nerec	nally e	vamir	ned an	d am t	amil	iar wi	th the	inform	natio	n sul	nmitte	ed in	this	and a	II att	ache		
information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, includi the possibility of fine and imprisonment.																							
the possibility of fine and imprisonment.																							
						um um			J 410 1	.9.11		P-0.14		. 501		9 "							
		.o und					Т	NAME 4	ND OFF	ICIAI	TITLE	TYPE C	R PRINT	)			DATE			_			
					1			. er tietta P		. UINL						- 1	2.116	1	,				
Magdafu Helashan Magdalyn U. Schartlan 1/20/93					1		- 1		1 .		-	e 000				- 1		1	1				
Magdahi Helastan Magdalyn M. Silvastan 1/20193  Director of Musein Colochons	Mandal	2.11	11.11-	de	1		L	Man	1-1	1	151	mod	-				1	120	10/2				
Dispirate of Ulxorin Colochous	Magaz	30/	Gelas	ala,	1			mag	daly	M	Sil	asta	an	,,,			_/,	120	192				